B1 (Official Form 1)(04/13)

United States Bankruptcy Court
Western District of Missouri

Voluntary Petition

Debtor	Joint Debtor (Spouse)
Name of Debtor (if individual, enter Last, First, Middle): **Winn, Montel La-Rue**	Name of Joint Debtor (Spouse) (Last, First, Middle): **Winn, Carol Renia**
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): **AKA Carolyn Renia Winn**
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) **xxx-xx-2612**	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) **xxx-xx-4539**
Street Address of Debtor (No. and Street, City, and State): **5635 N. Northwood Terrace, Kansas City, MO** ZIP Code **64151**	Street Address of Joint Debtor (No. and Street, City, and State): **5635 N. Northwood Terrace, Kansas City, MO** ZIP Code **64151**
County of Residence or of the Principal Place of Business: **Platte**	County of Residence or of the Principal Place of Business: **Platte**
Mailing Address of Debtor (if different from street address): ZIP Code	Mailing Address of Joint Debtor (if different from street address): ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

Type of Debtor
(Form of Organization) (Check one box)

- ■ Individual (includes Joint Debtors) *See Exhibit D on page 2 of this form.*
- ☐ Corporation (includes LLC and LLP)
- ☐ Partnership
- ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)

Chapter 15 Debtors

Country of debtor's center of main interests:

Each country in which a foreign proceeding by, regarding, or against debtor is pending:

Nature of Business
(Check one box)

- ☐ Health Care Business
- ☐ Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)
- ☐ Railroad
- ☐ Stockbroker
- ☐ Commodity Broker
- ☐ Clearing Bank
- ☐ Other

Tax-Exempt Entity
(Check box, if applicable)

- ☐ Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).

Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)

- ■ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
- ☐ Chapter 15 Petition for Recognition of a Foreign Main Proceeding
- ☐ Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding

Nature of Debts
(Check one box)

- ■ Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ Debts are primarily business debts.

Filing Fee (Check one box)

- ■ Full Filing Fee attached
- ☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.
- ☐ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.

Chapter 11 Debtors

Check one box:

- ☐ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).
- ☐ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).

Check if:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than $2,490,925 *(amount subject to adjustment on 4/01/16 and every three years thereafter).*

Check all applicable boxes:

- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

Statistical/Administrative Information

- ☐ Debtor estimates that funds will be available for distribution to unsecured creditors.
- ■ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

THIS SPACE IS FOR COURT USE ONLY

Estimated Number of Creditors

☐	■	☐	☐	☐	☐	☐	☐	☐	☐
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000

Estimated Assets

■	☐	☐	☐	☐	☐	☐	☐	☐	☐
$0 to $50,000	$50,001 to $100,000	$100,001 to $500,000	$500,001 to $1 million	$1,000,001 to $10 million	$10,000,001 to $50 million	$50,000,001 to $100 million	$100,000,001 to $500 million	$500,000,001 to $1 billion	More than $1 billion

Estimated Liabilities

☐	■	☐	☐	☐	☐	☐	☐	☐	☐
$0 to $50,000	$50,001 to $100,000	$100,001 to $500,000	$500,001 to $1 million	$1,000,001 to $10 million	$10,000,001 to $50 million	$50,000,001 to $100 million	$100,000,001 to $500 million	$500,000,001 to $1 billion	More than $1 billion

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
Winn, Montel La-Rue
Winn, Carol Renia

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed:	Case Number:	Date Filed:
- None -		
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:	Case Number:	Date Filed:
- None -		
District:	Relationship:	Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ David R. Barlow MO March 2, 2015
Signature of Attorney for Debtor(s) (Date)
David R. Barlow MO 43937; KS 16582

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

■ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

■ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue
(Check any applicable box)

■ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property
(Check all applicable boxes)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
Winn, Montel La-Rue
Winn, Carol Renia

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X **/s/ Montel La-Rue Winn**
Signature of Debtor **Montel La-Rue Winn**

X **/s/ Carol Renia Winn**
Signature of Joint Debtor **Carol Renia Winn**

Telephone Number (If not represented by attorney)

March 2, 2015
Date

Signature of Attorney*

X **/s/ David R. Barlow MO**
Signature of Attorney for Debtor(s)

David R. Barlow MO 43937; KS 16582
Printed Name of Attorney for Debtor(s)

Barlow & Niffen, PC
Firm Name

406 Armour Road, Suite 250
North Kansas City, MO 64116-3512

Address

Email: barlow@kclawinfo.com
(816) 842-9009 Fax: (816)221-8040
Telephone Number

March 2, 2015
Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

United States Bankruptcy Court
Western District of Missouri

In re **Montel La-Rue Winn**
Carol Renia Winn

Debtor(s)

Case No.

Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	$	**900.00**
Prior to the filing of this statement I have received	$	**0.00**
Balance Due	$	**900.00**

2. $ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

   ■ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

   ☐ Debtor ■ Other (specify): **Paid by Hyatt Legal Plan (counsel expects top request additional fees due above-median case)**

5. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

   ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

   a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
   b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
   c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
   d. [Other provisions as needed]
      per contract

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
   per contract

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **March 2, 2015**

/s/ David R. Barlow MO

David R. Barlow MO 43937; KS 16582
Barlow & Niffen, PC
406 Armour Road, Suite 250
North Kansas City, MO 64116-3512
(816) 842-9009 Fax: (816)221-8040
barlow@kclawinfo.com

7th Street Casino
777 N 7th Street Trafficway
Kansas City KS 66101

Account Liquidation Coll
304 West Water Street
Decorah IA 52101

Ad Astra Recovery Services Inc
7330 W 33rd Street North
Ste 118
Wichita KS 67205

Advance America
8666 E 63rd
Kansas City MO 64133

Advanced Medical DME LLC
2020 N Woodlawn Ste 470
Wichita KS 67208

Alliance Radiology
PO Box 804451
Kansas City MO 64180

Allstate Property & Casualty Ins Co
PO Box 660642
Dallas TX 75266-0642

America's Loan-N-Go
3959 Broadway Street
Kansas City MO 64111

Ashley Park Recap Associates
c/o Ralph E. Lewis II
7 N Water Street
Liberty MO 64068

AT&T
PO Box 5001
Carol Stream IL 60197-5001

Bank Midwest
1111 Main, Ste 2800
Kansas City MO 64105

Baxter Credit Union
400 N. Lakeview Parkway
Vernon Hills IL 60061

Berlin-Wheeler
PO Box 479
Topeka KS 66601

Berman, DeLeve, Kuchan & Chapman
1100 Main Street, Suite 2850
Kansas City MO 64105

Brady Edward Austin
17600 Chesterfield Airport Rd Ste B7
Chesterfield MO 63006

Brittany Place
8620 Utopia Dr,
Kansas City MO 64138

Brittany Place Apartments
8620 Utopia Dr,
Kansas City MO 64138

Capital Collection SErvice
PO Box 150
West Berlin NJ 08091

Carondelet Emergency Phys Inc.
PO Box 11347
Daytona Beach FL 32120-1347

Cash America
17 Triangle Park
Cincinnati OH 45246

Central Bank of Kansas City
2301 Independence Blvd
Kansas City MO 64124

CheckSmart
7001 Post Road Ste 200
Dublin OH 43016

City of Kansas City
414 E 12th, Suite 201W
Kansas City MO 64106

City of Kansas City EMS
2400 Troost Avenue, Suite 4200
Kansas City MO 64108

Client Services INc.
3451 Harry Truman Blvd
Saint Charles MO 63301-4047

Comcast
PO Box 34227
Seattle WA 98124-1227

Community America Credit Union
PO Box 15950
Lenexa KS 66285

Concord Finance Inc dba Speedy Cash
11221 E. 23rd Street
Independence MO 64052

Credit Bureau Services, Inc.
1335 College Drive
Suite L-1
Garden City KS 67846

Credit Collection Services
PO Box 55126
Boston MA 02205-5126

Dealer Funding
PO Box 888759
Atlanta GA 30356

Department of Veterans Affairs
PO Box 530269
Atlanta GA 30353

Diagnostic Imaging Center
PO Box 419380 Dept 106
Kansas City MO 64141-6380

Division of Employment Security
421 E. Dunklin Street
PO Box 3100
Jefferson City MO 65102-3100

Elite Financial Sercice, Inc.
PO box 18508
Kansas City MO 64133

Enhanced Recovery Company LLC
8014 Bayberry Road
Jacksonville FL 32256

Executive Financial Consultants
310 Armour Road, Suite 220
Kansas City MO 64116

Financial Corporation of America
PO Box 203500
Austin TX 78720

Global Payment Check Services
PO Box 59371
Chicago IL 60659

Global Payments Check Services
PO Box 661038
Chicago IL 60666

Harrah's Casino & Hotel
PO Box 12494
1 Riverboat Drive
North Kansas City MO 64116

Harvest Strategy Group
1776 Lincoln Street
Denver CO 80202

HCAEP LLC
PO Box 838
Mission KS 66201-0838

Healthient Pysician Group
pO Box 412940
Kansas City MO 64141

Hillcrest Bank
5800 East Bannister Road
Kansas City MO 64134

Inpatient Consultans of Kansas PA
PO Box 8357
Pasadena CA 91109

Internal Revenue Service
ATTN: Mail Stop 5334, Advisory/Insolvenc
2850 NE Independence Ave
Lees Summit MO 64064

JGP Properties
8900 Old Santa Fe Road
Kansas City MO 64138

Joseph Mann & Creed
20600 Chagrin Blvd Ste 550
Beachwood OH 44122

Judgment Processors
PO Box 480345
Kansas City MO 64148

Kansas City Credit Union
414 East 12TH, 9TH Floor, City Hall
Kansas City MO 64106

Kansas Counselors Inc.
PO Box 14765
Shawnee Mission KS 66285-4765

Litow Law Office PC
PO Box 2165
Cedar Rapids IA 52406

Malcolm S.Gerald and Assoc
332 South Michigan Ave Suite 514
Chicago IL 60604

Manager of Finance
415 East 12th Street
Kansas City MO 64106

Mark A. Kahrs
PO Box 780487
Wichita KS 67278-0487

Maruader Corporation
74923 Highway 111
Indian Wells CA 92210

Medical Financial Solutions
1000 Carondelet Drive
Kansas City MO 64114

Midland Credit Management
8875 Aero Drive
San Diego CA 92123-2251

Missouri Gas Energy
PO Box 219255
Kansas City MO 64121-9255

Monarch Recovery Management
10965 Decatur Road
Philadelphia PA 19154

MP Law
8080 Ward Pkwy Ste 320
Kansas City MO 64114

Myers Dental Clinic
5240 Prospect Ave
Kansas City MO 64130

National Action Financial Services
165 Lawrence Bell Drive Ste 100
Buffalo NY 14221-7900

National Credit Adjusters
PO Box 3023
Hutchinson KS 67504

NCO Financial
PO Box 15273
Wilmington DE 19850

Northland Chest Consultants
2521 Glenn Hendren Drive Suite 402
Liberty MO 64068

Palisades Collection
210 Sylvan Avenue
Englewood Cliffs NJ 07632-2524

Payday Loan Yes
c/o Gross Williams and Assoc LLC
388 Broadway Ste A
Buffalo NY 12395

Payment America Systems
PO Box 24850
Nashville TN 37202

Platte County Collector
415 Third St., Suite 40
Platte City MO 64079

Progressive
Dept 0561
Carol Stream IL 60132

Rainbow Loan Company
5501 Troost
Kansas City MO 64110

Receivables Performance
PO Box 1548
Lynnwood WA 98036

Reliable Financial Services
8630 East 63rd Street
Kansas City MO 64133

Research Medical Center
PO Box 13620
Richmond VA 23225

RMS
77 Hartland Street Ste 401
PO Box 280431
East Hartford CT 06128

Robert B. Zeldin
PO Box 12452
Overland Park KS 66282

Security FInancial Services
PO Box 3146
Spartanburg SC 29304-3146

Specified Credit Association Inc.
2388 Scheutz Ste A-100
Saint Louis MO 63146

St. Joseph Medical Center
PO Box 804465
Kansas City MO 64180-0001

State Farm Insurance
PO Box 6071
Columbia MO 65205

The Collection Company LLC
PO Box 480345
Kansas City MO 64148

Time Warner Cable
PO Box 1104
Carol Stream IL 60132-1104

Traveler's Insurance
PO BOX 660307
Dallas TX 75266-0307

Trident Asset Management
53 Perimeter Ctr E Ste 450
Atlanta GA 30346-2287

Truman Academic Physicians
PO Box 957973
Saint Louis MO 63195-7973

University Physician Associates
Payment Processing Center
PO Box 34429
Seattle WA 98124-1429

US Bank
P.O. Box 790408
Saint Louis MO 63179

Utopia Acquisition LP
c/o Donald P Woodell
649 NE Shoreline Drive
Lees Summit MO 64064

Van Rooy Properties
1030 N College Ave
Indianapolis IN 46202

United States Bankruptcy Court
Western District of Missouri

In re **Montel La-Rue Winn**
Carol Renia Winn

Debtor(s)

Case No.
Chapter **7**

VERIFICATION OF MAILING MATRIX

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: **March 2, 2015**

/s/ Montel La-Rue Winn
Montel La-Rue Winn
Signature of Debtor

Date: **March 2, 2015**

/s/ Carol Renia Winn
Carol Renia Winn
Signature of Debtor

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court
Western District of Missouri

In re **Montel La-Rue Winn, Carol Renia Winn**, Debtors

Case No. ______

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	12,793.81		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		11,567.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	22		39,298.81	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			3,737.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,737.00
Total Number of Sheets of ALL Schedules		35			
		Total Assets	12,793.81		
			Total Liabilities	50,865.81	

B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court
Western District of Missouri

In re **Montel La-Rue Winn,**
Carol Renia Winn

Debtors

Case No. ______

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	**Amount**
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	3,737.00
Average Expenses (from Schedule J, Line 22)	3,737.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	5,011.30

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		1,833.25
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		39,298.81
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		41,132.06

B6A (Official Form 6A) (12/07)

.

In re **Montel La-Rue Winn,**
Carol Renia Winn
, Debtors

Case No. ______________________

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
None				

Sub-Total >	**0.00**	(Total of this page)
Total >	**0.00**	

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ______________________

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."
If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	NONE	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		**Prepaid Debit Card**	**H**	**0.00**
		Prepaid Debit Card	**W**	**0.00**
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	**X**			
3. Security deposits with public utilities, telephone companies, landlords, and others.		**Security Deposit with Landlord**	**J**	**700.00**
4. Household goods and furnishings, including audio, video, and computer equipment.		**Living Room: Bookcase $40.00 Desk $40.00 Chair $20.00 Television $30.00 Entertainment Center $20.00 Dining Room: Table $40.00 Chairs $40.00 Silverware $20.00 Bedroom #1: Bed $150.00 Dresser $40.00 Chest of Drawers $20.00 Kitchen: Freezer $140.00 Dishes $40.00 Cookware $40.00 Other: Radio $30.00 Vacuum $30.00 Iron $10.00**	**J**	**750.00**
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		**Books, CDs, DVDs**	**J**	**100.00**
6. Wearing apparel.		**Clothing**	**J**	**200.00**
7. Furs and jewelry.		**Costume Jewelry**	**W**	**100.00**
8. Firearms and sports, photographic, and other hobby equipment.	**X**			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	**X**			

Sub-Total > **1,850.00**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn, Debtors

Case No. ______________________

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	NONE	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		**403(b) Through Employer**	**W**	**1,210.06**
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **1,210.06**
(Total of this page)

Sheet **1** of **2** continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn

Case No. ____________

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	NONE	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		**2006 Chrysler 300 VIN#:2C3LK63H56H277263 Mileage: 130,000**	**J**	**9,733.75**
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **9,733.75**
(Total of this page)

Total > **12,793.81**

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ________________

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)
☐ 11 U.S.C. §522(b)(2)
■ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds $155,675. *(Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Household Goods and Furnishings			
Living Room: Bookcase $40.00 Desk $40.00 Chair $20.00 Television $30.00 Entertainment Center $20.00 Dining Room: Table $40.00 Chairs $40.00 Silverware $20.00 Bedroom #1: Bed $150.00 Dresser $40.00 Chest of Drawers $20.00 Kitchen: Freezer $140.00 Dishes $40.00 Cookware $40.00 Other: Radio $30.00 Vacuum $30.00 Iron $10.00	**RSMo § 513.430.1(1)**	**750.00**	**750.00**
Books, Pictures and Other Art Objects; Collectibles			
Books, CDs, DVDs	**RSMo § 513.430.1(1)**	**100.00**	**100.00**
Wearing Apparel			
Clothing	**RSMo § 513.430.1(1)**	**200.00**	**200.00**
Furs and Jewelry			
Costume Jewelry	**RSMo § 513.430.1(2)**	**100.00**	**100.00**
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
403(b) Through Employer	**RSMo § 513.430.1(10)(f)**	**1,210.06**	**1,210.06**
Automobiles, Trucks, Trailers, and Other Vehicles			
2006 Chrysler 300 VIN#:2C3LK63H56H277263 Mileage: 130,000	**RSMo § 513.430.1(5)**	**6,000.00**	**9,733.75**
	Total:	**8,360.06**	**12,093.81**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Montel La-Rue Winn,**
Carol Renia Winn ,
Debtors

Case No. ______________________________

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. **xxxxxXXXX** **Dealer Funding** **PO Box 888759** **Atlanta, GA 30356**		**J**	**10/12/2013** **Purchase Money Security Interest** **2006 Chrysler 300** **VIN#:2C3LK63H56H277263 Mileage: 130,000** Value $ **9,733.75**				**11,567.00**	**1,833.25**
Account No.			Value $					
Account No.			Value $					
Account No.			Value $					

0 continuation sheets attached

	Amount of Claim	Unsecured Portion
Subtotal (Total of this page)	**11,567.00**	**1,833.25**
Total (Report on Summary of Schedules)	**11,567.00**	**1,833.25**

B6E (Official Form 6E) (4/13)

.

In re **Montel La-Rue Winn,**
Carol Renia Winn
, Debtors

Case No. ______________________________

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to $12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to $6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to $2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* *Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

0 continuation sheets attached

B6F (Official Form 6F) (12/07)

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ______________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xxxxxxXXXX** **7th Street Casino** **777 N 7th Street Trafficway** **Kansas City, KS 66101**		**J**	**2008** **Insufficient Funds Check**				**325.00**
Account No. **Global Payments Check Services** **PO Box 661038** **Chicago, IL 60666**			**Additional Notice** **7th Street Casino**				**Notice Only**
Account No. **xxxxxXXXX** **Account Liquidation Coll** **304 West Water Street** **Decorah, IA 52101**		**W**	**08/2008** **Collection Account for Casey's General Store**				**85.00**
Account No. **xxxxxXXXX** **Account Liquidation Coll** **304 West Water Street** **Decorah, IA 52101**		**W**	**08/2008** **Collection Account for Casey's General Store**				**86.00**

21 continuation sheets attached

Subtotal (Total of this page) **496.00**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxXXXX Account Liquidation Coll 304 West Water Street Decorah, IA 52101		W	07/2011 Collection Account for Casey's General Store				247.00
Account No. xxxxxXXXX Account Liquidation Coll 304 West Water Street Decorah, IA 52101		H	05/23/2011 Collection Account for Casey's General Store				309.00
Account No. xxx3671 Advance America 8666 E 63rd Kansas City, MO 64133		H	2011 Payday Loan				644.75
Account No. Malcolm S.Gerald and Assoc 332 South Michigan Ave Suite 514 Chicago, IL 60604			Additional Notice Advance America				Notice Only
Account No. xxxxxxNC00 Advanced Medical DME LLC 2020 N Woodlawn Ste 470 Wichita, KS 67208		W	2011 Medical Services				243.36

Sheet no. 1 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) 1,444.11

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn, Carol Renia Winn**, Debtors

Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xx4482 **Alliance Radiology** **PO Box 804451** **Kansas City, MO 64180**		H	**09/2013** **Medical Services**				**23.55**
Account No. **Allstate Property & Casualty Ins Co** **PO Box 660642** **Dallas, TX 75266-0642**		J	**Insurance Coverage**				**Unknown**
Account No. xxxx-xxx9627 **America's Loan-N-Go** **3959 Broadway Street** **Kansas City, MO 64111**		W	**2011** **Default Judgment**				**570.00**
Account No. **Berman, DeLeve, Kuchan & Chapman** **1100 Main Street, Suite 2850** **Kansas City, MO 64105**			**Additional Notice** **America's Loan-N-Go**				**Notice Only**
Account No. xxxxxx7.002 **Ashley Park Recap Associates** **c/o Ralph E. Lewis II** **7 N Water Street** **Liberty, MO 64068**		W	**2011** **Rent**				**2,205.00**

Sheet no. 2 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **2,798.55**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ________________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xxxxxx8400** **AT&T** **PO Box 5001** **Carol Stream, IL 60197-5001**		**H**	**2011** **Final Bill**				**201.37**
Account No. **Midland Credit Management** **8875 Aero Drive** **San Diego, CA 92123-2251**			**Additional Notice** **AT&T**				**Notice Only**
Account No. **Bank Midwest** **1111 Main, Ste 2800** **Kansas City, MO 64105**		**J**	**2007** **Overdraft Fees**				**500.00**
Account No. **xxxxxxxXXXX** **Baxter Credit Union** **400 N. Lakeview Parkway** **Vernon Hills, IL 60061**		**W**	**04/2011** **Overdraft Fees**				**616.00**
Account No. **Client Services INc.** **3451 Harry Truman Blvd** **Saint Charles, MO 63301-4047**			**Additional Notice** **Baxter Credit Union**				**Notice Only**

Sheet no. **3** of **21** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **1,317.37**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn

Debtors

Case No. ______________________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxXXXX Baxter Credit Union 400 N. Lakeview Parkway Vernon Hills, IL 60061		H	02/2011 Overdraft Fees				933.00
Account No. xxxxxxXXXX Berlin-Wheeler PO Box 479 Topeka, KS 66601		H	02/2008 Collection Account				127.00
Account No. xxxxxxxxxxxxxxxXXXX Carondelet Emergency Phys Inc. PO Box 11347 Daytona Beach, FL 32120-1347		W	10/ 2013 Medical Services				38.00
Account No. Kansas Counselors Inc. PO Box 14765 Shawnee Mission, KS 66285-4765			Additional Notice Carondelet Emergency Phys Inc.				Notice Only
Account No. xxxxxx4397 Carondelet Emergency Phys Inc. PO Box 11347 Daytona Beach, FL 32120-1347		H	2013 Medical Services				113.53

Sheet no. 4 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **1,211.53**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn, Carol Renia Winn**, Debtors

Case No. ______________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxx351C Cash America 17 Triangle Park Cincinnati, OH 45246		W	2012 Payday Loan				118.00
Account No. xxxxx9772 Central Bank of Kansas City 2301 Independence Blvd Kansas City, MO 64124		W	2012 Overdraft Fees				440.90
Account No. xx0067 CheckSmart 7001 Post Road Ste 200 Dublin, OH 43016		H	2011 Payday Loan				118.00
Account No. Monarch Recovery Management 10965 Decatur Road Philadelphia, PA 19154			Additional Notice CheckSmart				Notice Only
Account No. xxxx4087 City of Kansas City EMS 2400 Troost Avenue, Suite 4200 Kansas City, MO 64108		H	04/2011 Medical Services				846.09

Sheet no. 5 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page): 1,522.99

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ______________________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xxxxXXXX** **Comcast** **PO Box 34227** **Seattle, WA 98124-1227**		**H**	**09/2012** **Final Bill**				**159.00**
Account No. **Enhanced Recovery Company LLC** **8014 Bayberry Road** **Jacksonville, FL 32256**			**Additional Notice** **Comcast**				**Notice Only**
Account No. **xxxxxXXXX** **Community America Credit Union** **PO Box 15950** **Lenexa, KS 66285**		**W**	**01/2010** **Overdraft Fees**				**718.00**
Account No. **xxxx-xxx2787** **Concord Finance Inc dba Speedy Cash** **11221 E. 23rd Street** **Independence, MO 64052**		**H**	**05/21/2013** **Default Judgment**				**1,978.88**
Account No. **Ad Astra Recovery Services Inc** **7330 W 33rd Street North** **Ste 118** **Wichita, KS 67205**			**Additional Notice** **Concord Finance Inc dba Speedy Cash**				**Notice Only**

Sheet no. **6** of **21** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **2,855.88**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **Mark A. Kahrs** **PO Box 780487** **Wichita, KS 67278-0487**			**Additional Notice** **Concord Finance Inc dba Speedy Cash**				**Notice Only**
Account No. **xxxxxxxxxxxxxxxXXXX** **Credit Bureau Services, Inc.** **1335 College Drive** **Suite L-1** **Garden City, KS 67846**		**W**	**2014** **Collection Account for Size Wise Rentals LLC**				**59.00**
Account No. **xxxxxxxxxxxxxxxxWINN** **Department of Veterans Affairs** **PO Box 530269** **Atlanta, GA 30353**		**H**	**2014** **Medical Services**				**1,260.19**
Account No. **xxxxxxxxxxxxxxxxWINN** **Department of Veterans Affairs** **PO Box 530269** **Atlanta, GA 30353**		**H**	**2014** **Medical Services**				**2,151.25**
Account No. **xxx87XX** **Diagnostic Imaging Center** **PO Box 419380 Dept 106** **Kansas City, MO 64141-6380**		**J**	**10/2010** **Medical Services**				**129.00**

Sheet no. 7 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **3,599.44**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn, Carol Renia Winn**, Debtors

Case No. ______________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **Executive Financial Consultants** **310 Armour Road, Suite 220** **Kansas City, MO 64116**			**Additional Notice** **Diagnostic Imaging Center**				**Notice Only**
Account No. **xxxx-xxx1556** **Division of Employment Security** **421 E. Dunklin Street** **PO Box 3100** **Jefferson City, MO 65102-3100**		**W**	**06/25/2011** **Judgment - Overpayment of Benefits**				**451.00**
Account No. **xxxx-xxx2208** **Division of Employment Security** **421 E. Dunklin Street** **PO Box 3100** **Jefferson City, MO 65102-3100**		**H**	**12/2011** **Judgment - Overpayment of Benefits**				**1,774.04**
Account No. **xxxx-xxx1516** **Division of Employment Security** **421 E. Dunklin Street** **PO Box 3100** **Jefferson City, MO 65102-3100**		**W**	**01/28/2013** **Judgment - Overpayment of Benefits**				**7,142.00**
Account No. **xxx7532** **Global Payment Check Services** **PO Box 59371** **Chicago, IL 60659**		**H**	**2011** **Collection Account**				**147.00**

Sheet no. 8 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **9,514.04**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ______________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **Joseph Mann & Creed** **20600 Chagrin Blvd Ste 550** **Beachwood, OH 44122**			**Additional Notice** **Global Payment Check Services**				**Notice Only**
Account No. **xxxxxxXXXX** **Harrah's Casino & Hotel** **PO Box 12494** **1 Riverboat Drive** **North Kansas City, MO 64116**		**W**	**04/2011** **Insufficient Funds Check**				**425.00**
Account No. **Trident Asset Management** **53 Perimeter Ctr E Ste 450** **Atlanta, GA 30346-2287**			**Additional Notice** **Harrah's Casino & Hotel**				**Notice Only**
Account No. **xxxx1509** **Harvest Strategy Group** **1776 Lincoln Street** **Denver, CO 80202**		**H**	**2011** **Final Bill**				**933.30**
Account No. **Receivables Performance** **PO Box 1548** **Lynnwood, WA 98036**			**Additional Notice** **Harvest Strategy Group**				**Notice Only**

Sheet no. 9 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **1,358.30**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn, Carol Renia Winn**, Debtors

Case No. ______________________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx8840 HCAEP LLC PO Box 838 Mission, KS 66201-0838		H	04/2011 Medical Services				215.00
Account No. 9217 Healthient Pysician Group pO Box 412940 Kansas City, MO 64141		H	2014 Medical Services				23.40
Account No. Hillcrest Bank 5800 East Bannister Road Kansas City, MO 64134		W	2005 Overdraft Fees				300.00
Account No. xxxxxxx2518 Hillcrest Bank 5800 East Bannister Road Kansas City, MO 64134		H	2011 Overdraft Fees				795.04
Account No. Robert B. Zeldin PO Box 12452 Overland Park, KS 66282			Additional Notice Hillcrest Bank				Notice Only

Sheet no. 10 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **1,333.44**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn, Carol Renia Winn**, Debtors

Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx4048 **Inpatient Consultans of Kansas PA** **PO Box 8357** **Pasadena, CA 91109**		H	2013 Medical Services				103.50
Account No. **Financial Corporation of America** **PO Box 203500** **Austin, TX 78720**			Additional Notice Inpatient Consultans of Kansas PA				Notice Only
Account No. xxxx-xxx9540 **JGP Properties** **8900 Old Santa Fe Road** **Kansas City, MO 64138**		W	2014 Default Judgment				0.00
Account No. **MP Law** **8080 Ward Pkwy Ste 320** **Kansas City, MO 64114**			Additional Notice JGP Properties				Notice Only
Account No. xxx5253 **Joseph Mann & Creed** **20600 Chagrin Blvd Ste 550** **Beachwood, OH 44122**		W	2011 Collection Account for Workemns Insurance Group				40.52

Sheet no. 11 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **144.02**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn, Carol Renia Winn**, Debtors

Case No. ______

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **x5825** **Kansas City Credit Union** **414 East 12TH, 9TH Floor, City Hall** **Kansas City, MO 64106**		**H**	**2013** **Overdraft Fees**				**580.43**
Account No. **Elite Financial Sercice, Inc.** **PO box 18508** **Kansas City, MO 64133**			**Additional Notice** **Kansas City Credit Union**				**Notice Only**
Account No. **Kansas City Credit Union** **414 East 12TH, 9TH Floor, City Hall** **Kansas City, MO 64106**		**H**	**2013** **Overdraft Fees**				**540.00**
Account No. **x4748** **Maruader Corporation** **74923 Highway 111** **Indian Wells, CA 92210**		**H**	**04/2012** **Collection Account**				**250.00**
Account No. **xx5735** **Medical Financial Solutions** **1000 Carondelet Drive** **Kansas City, MO 64114**		**W**	**Medical Services**				**133.50**

Sheet no. 12 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **1,503.93**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn
, Debtors

Case No. ______________________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **Missouri Gas Energy** **PO Box 219255** **Kansas City, MO 64121-9255**		J	**2005** **Final Bill**				**150.00**
Account No. **Myers Dental Clinic** **5240 Prospect Ave** **Kansas City, MO 64130**		H	**2011** **Dental Services**				**127.00**
Account No. **xxxxxxx6641** **National Action Financial Services** **165 Lawrence Bell Drive Ste 100** **Buffalo, NY 14221-7900**		W	**2013** **Collection Account for Blockbuster LLC**				**25.92**
Account No. **xxx3219** **National Credit Adjusters** **PO Box 3023** **Hutchinson, KS 67504**		W	**2012** **Collection Account for Pack Management Group**				**350.00**
Account No. **xxxxxxxxxxxxxXXXX** **Northland Chest Consultants** **2521 Glenn Hendren Drive Suite 402** **Liberty, MO 64068**		W	**09/2011** **Medical Services**				**50.00**

Sheet no. **13** of **21** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **702.92**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ______

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **Kansas Counselors Inc.** **PO Box 14765** **Shawnee Mission, KS 66285-4765**			**Additional Notice** **Northland Chest Consultants**				**Notice Only**
Account No. **xxxx-xxx1017** **Palisades Collection** **210 Sylvan Avenue** **Englewood Cliffs, NJ 07632-2524**		**W**	**2010** **Default Judgment**				**813.81**
Account No. **Litow Law Office PC** **PO Box 2165** **Cedar Rapids, IA 52406**			**Additional Notice** **Palisades Collection**				**Notice Only**
Account No. **xxxx0246** **Payday Loan Yes** **c/o Gross Williams and Assoc LLC** **388 Broadway Ste A** **Buffalo, NY 12395**		**W**	**2011** **Payday Loan**				**725.00**
Account No. **xxxxXXXX** **Progressive** **Dept 0561** **Carol Stream, IL 60132**		**J**	**11/2011** **Insurance Coverage**				**123.00**

Sheet no. **14** of **21** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **1,661.81**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn, Carol Renia Winn**, Debtors

Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **Credit Collection Services** **PO Box 55126** **Boston, MA 02205-5126**			**Additional Notice** **Progressive**				**Notice Only**
Account No. **xxxx-xxx4830** **Rainbow Loan Company** **5501 Troost** **Kansas City, MO 64110**		**W**	**2010** **Default Judgment**				**1,105.54**
Account No. **Brady Edward Austin** **17600 Chesterfield Airport Rd Ste B7** **Chesterfield, MO 63006**			**Additional Notice** **Rainbow Loan Company**				**Notice Only**
Account No. **Specified Credit Association Inc.** **2388 Scheutz Ste A-100** **Saint Louis, MO 63146**			**Additional Notice** **Rainbow Loan Company**				**Notice Only**
Account No. **xxxxxXXXX** **Reliable Financial Services** **8630 East 63rd Street** **Kansas City, MO 64133**		**W**	**11/2010** **Signature Loan**				**429.00**

Sheet no. **15** of **21** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **1,534.54**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ______________________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxx5217 Research Medical Center PO Box 13620 Richmond, VA 23225		H	2011 Medical Services				254.25
Account No. NCO Financial PO Box 15273 Wilmington, DE 19850			Additional Notice Research Medical Center				Notice Only
Account No. xxxxxxx2131 Research Medical Center PO Box 13620 Richmond, VA 23225		W	2011 Medical Services				250.00
Account No. Payment America Systems PO Box 24850 Nashville, TN 37202			Additional Notice Research Medical Center				Notice Only
Account No. xxxxxXXXX Security FInancial Services PO Box 3146 Spartanburg, SC 29304-3146		H	06/2014 Signature Loan				450.00

Sheet no. 16 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **954.25**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xxxxxXXXX** **Security FInancial Services** **PO Box 3146** **Spartanburg, SC 29304-3146**		**W**	**8/2010** **Signature Loan**				**270.00**
Account No. **xxxxxxxxxxxxxxXXXX** **St. Joseph Medical Center** **PO Box 804465** **Kansas City, MO 64180-0001**		**W**	**2013** **Medical Services**				**133.00**
Account No. **Kansas Counselors Inc.** **PO Box 14765** **Shawnee Mission, KS 66285-4765**			**Additional Notice** **St. Joseph Medical Center**				**Notice Only**
Account No. **xxxx6056** **St. Joseph Medical Center** **PO Box 804465** **Kansas City, MO 64180-0001**		**H**	**09/2013** **Medical Services**				**1,405.12**
Account No. **State Farm Insurance** **PO Box 6071** **Columbia, MO 65205**		**J**	**Insurance Coverage**				**Unknown**

Sheet no. **17** of **21** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **1,808.12**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ________________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xx65XX** **Time Warner Cable** **PO Box 1104** **Carol Stream, IL 60132-1104**		**H**	**03/2014** **Final Bill**				**429.00**
Account No. **Credit Collection Services** **PO Box 55126** **Boston, MA 02205-5126**			**Additional Notice** **Time Warner Cable**				**Notice Only**
Account No. **xxxxxxx94-TR** **Traveler's Insurance** **PO BOX 660307** **Dallas, TX 75266-0307**		**W**	**2011** **Insurance Coverage**				**175.00**
Account No. **RMS** **77 Hartland Street Ste 401** **PO Box 280431** **East Hartford, CT 06128**			**Additional Notice** **Traveler's Insurance**				**Notice Only**
Account No. **xxx1465** **Truman Academic Physicians** **PO Box 957973** **Saint Louis, MO 63195-7973**		**W**	**2014** **Medical Services**				**35.84**

Sheet no. **18** of **21** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **639.84**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ______

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xxxx7318** **Truman Academic Physicians** **PO Box 957973** **Saint Louis, MO 63195-7973**		**W**	**2014** **Medical Services**				**13.60**
Account No. **xxxx3339** **Truman Academic Physicians** **PO Box 957973** **Saint Louis, MO 63195-7973**		**H**	**2014** **Medical Services**				**149.73**
Account No. **xxxx7318** **University Physician Associates** **Payment Processing Center** **PO Box 34429** **Seattle, WA 98124-1429**		**W**	**2014** **Medical Services**				**414.00**
Account No. **xxxx8139** **US Bank** **P.O. Box 790408** **Saint Louis, MO 63179**		**H**	**2007** **Overdraft Fees**				**508.40**
Account No. **Capital Collection SErvice** **PO Box 150** **West Berlin, NJ 08091**			**Additional Notice** **US Bank**				**Notice Only**

Sheet no. **19** of **21** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **1,085.73**

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn, Carol Renia Winn**, Debtors

Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx-xxx4295 Utopia Acquisition LP c/o Donald P Woodell 649 NE Shoreline Drive Lees Summit, MO 64064		H	02/20/2009 Judgment				384.00
Account No. Brittany Place 8620 Utopia Dr, Kansas City, MO 64138			Additional Notice Utopia Acquisition LP				Notice Only
Account No. The Collection Company LLC PO Box 480345 Kansas City, MO 64148			Additional Notice Utopia Acquisition LP				Notice Only
Account No. xxxx-xxx0793 Van Rooy Properties 1030 N College Ave Indianapolis, IN 46202		H	2009 Judgment				1,428.00
Account No. Brittany Place Apartments 8620 Utopia Dr, Kansas City, MO 64138			Additional Notice Van Rooy Properties				Notice Only

Sheet no. 20 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) 1,812.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Montel La-Rue Winn,**
Carol Renia Winn
Debtors

Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **Judgment Processors** **PO Box 480345** **Kansas City, MO 64148**			**Additional Notice** **Van Rooy Properties**				**Notice Only**
Account No. **The Collection Company LLC** **PO Box 480345** **Kansas City, MO 64148**			**Additional Notice** **Van Rooy Properties**				**Notice Only**
Account No.							
Account No.							
Account No.							

Sheet no. **21** of **21** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page)	**0.00**
Total (Report on Summary of Schedules)	**39,298.81**

B6G (Official Form 6G) (12/07)

.

In re **Montel La-Rue Winn,**
Carol Renia Winn
, Debtors

Case No. ______________________

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Klamm Investment CO **6600 NW Klamm Drive** **Kansas City, MO 64152**	**Lease for Home Rental. Debtors Pay $850.00 Per Month. Lease Expires 09/2015.**

0 continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

B6H (Official Form 6H) (12/07)

In re **Montel La-Rue Winn,**
Carol Renia Winn
, Debtors

Case No. ____________

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

0 continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1: Montel La-Rue Winn

Debtor 2 (Spouse, if filing): Carol Renia Winn

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (If known):

Check if this is:
- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

 MM / DD/ YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	■ Employed ☐ Not employed	■ Employed ☐ Not employed
Occupation	Unemployed	Customer Care Rep
Employer's name		Truman Medical Center
Employer's address		2310 Holmes St Kansas City, MO 64108
How long employed there?		2 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$ 0.00	$ 2,972.00
3. **Estimate and list monthly overtime pay.**	3.	+$ 0.00	+$ 0.00
4. **Calculate gross Income.** Add line 2 + line 3.	4.	$ 0.00	$ 2,972.00

Debtor 1 Montel La-Rue Winn
Debtor 2 Carol Renia Winn

Case number (*if known*)

			For Debtor 1	For Debtor 2 or non-filing spouse
	Copy line 4 here	4.	$ 0.00	$ 2,972.00
5.	**List all payroll deductions:**			
5a.	**Tax, Medicare, and Social Security deductions**	5a.	$ 0.00	$ 605.00
5b.	**Mandatory contributions for retirement plans**	5b.	$ 0.00	$ 0.00
5c.	**Voluntary contributions for retirement plans**	5c.	$ 0.00	$ 194.00
5d.	**Required repayments of retirement fund loans**	5d.	$ 0.00	$ 0.00
5e.	**Insurance**	5e.	$ 0.00	$ 59.00
5f.	**Domestic support obligations**	5f.	$ 0.00	$ 0.00
5g.	**Union dues**	5g.	$ 0.00	$ 0.00
5h.	**Other deductions.** Specify: Life Insurance	5h.+	$ 0.00	+ $ 25.00
	Parking		$ 0.00	$ 6.00
	Legal Plan		$ 0.00	$ 22.00
6.	**Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	$ 0.00	$ 911.00
7.	**Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$ 0.00	$ 2,061.00
8.	**List all other income regularly received:**			
8a.	**Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$ 0.00	$ 0.00
8b.	**Interest and dividends**	8b.	$ 0.00	$ 0.00
8c.	**Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$ 0.00	$ 0.00
8d.	**Unemployment compensation**	8d.	$ 0.00	$ 0.00
8e.	**Social Security**	8e.	$ 0.00	$ 0.00
8f.	**Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	$ 0.00	$ 0.00
8g.	**Pension or retirement income**	8g.	$ 0.00	$ 0.00
8h.	**Other monthly income.** Specify: New job beginning 3/16/16 (net projected)	8h.+	$ 1,676.00	+ $ 0.00
9.	**Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	$ 1,676.00	$ 0.00

10. **Calculate monthly income.** Add line 7 + line 9.
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.
10. $ 1,676.00 + $ 2,061.00 = $ 3,737.00

11. **State all other regular contributions to the expenses that you list in Schedule J.**
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: 11. +$ 0.00

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities* and Related *Data,* if it applies
12. $ 3,737.00
Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**
■ No.
☐ Yes. Explain:

Fill in this information to identify your case:

Debtor 1 **Montel La-Rue Winn**

Debtor 2 **Carol Renia Winn**
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number ______
(If known)

Check if this is:

☐ An amended filing

☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**

☐ No. Go to line 2.

■ Yes. **Does Debtor 2 live in a separate household?**

■ No

☐ Yes. Debtor 2 must file a separate Schedule J.

2. **Do you have dependents?** ■ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ Yes. Fill out this information for each dependent..............

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?** ■ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

			Your expenses
4.	**The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	$ 850.00
	If not included in line 4:		
4a.	Real estate taxes	4a.	$ 0.00
4b.	Property, homeowner's, or renter's insurance	4b.	$ 25.00
4c.	Home maintenance, repair, and upkeep expenses	4c.	$ 100.00
4d.	Homeowner's association or condominium dues	4d.	$ 0.00
5.	**Additional mortgage payments for your residence,** such as home equity loans	5.	$ 0.00

Debtor 1 **Montel La-Rue Winn**
Debtor 2 **Carol Renia Winn**
Case number (if known)

6.	**Utilities:**		
	6a. Electricity, heat, natural gas	6a. $	**265.00**
	6b. Water, sewer, garbage collection	6b. $	**100.00**
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. $	**210.00**
	6d. Other. Specify:	6d. $	**0.00**
7.	**Food and housekeeping supplies**	7. $	**500.00**
8.	**Childcare and children's education costs**	8. $	**0.00**
9.	**Clothing, laundry, and dry cleaning**	9. $	**100.00**
10.	**Personal care products and services**	10. $	**100.00**
11.	**Medical and dental expenses**	11. $	**200.00**
12.	**Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12. $	**550.00**
13.	**Entertainment, clubs, recreation, newspapers, magazines, and books**	13. $	**75.00**
14.	**Charitable contributions and religious donations**	14. $	**0.00**
15.	**Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a. $	**0.00**
	15b. Health insurance	15b. $	**0.00**
	15c. Vehicle insurance	15c. $	**192.00**
	15d. Other insurance. Specify:	15d. $	**0.00**
16.	**Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: **Personal Property Taxes**	16. $	**70.00**
17.	**Installment or lease payments:**		
	17a. Car payments for Vehicle 1	17a. $	**400.00**
	17b. Car payments for Vehicle 2	17b. $	**0.00**
	17c. Other. Specify:	17c. $	**0.00**
	17d. Other. Specify:	17d. $	**0.00**
18.	**Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 6I).**	18. $	**0.00**
19.	**Other payments you make to support others who do not live with you.** Specify:	19. $	**0.00**
20.	**Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.**		
	20a. Mortgages on other property	20a. $	**0.00**
	20b. Real estate taxes	20b. $	**0.00**
	20c. Property, homeowner's, or renter's insurance	20c. $	**0.00**
	20d. Maintenance, repair, and upkeep expenses	20d. $	**0.00**
	20e. Homeowner's association or condominium dues	20e. $	**0.00**
21.	**Other:** Specify:	21. +$	**0.00**
22.	**Your monthly expenses.** Add lines 4 through 21. The result is your monthly expenses.	22. $	**3,737.00**
23.	**Calculate your monthly net income.**		
	23a. Copy line 12 *(your combined monthly income)* from Schedule I.	23a. $	**3,737.00**
	23b. Copy your monthly expenses from line 22 above.	23b. -$	**3,737.00**
	23c. Subtract your monthly expenses from your monthly income. The result is your *monthly net income*.	23c. $	**0.00**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.
☐ Yes.
Explain:

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
Western District of Missouri

In re **Montel La-Rue Winn**
Carol Renia Winn
Debtor(s)

Case No.
Chapter **7**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **37** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 2, 2015** Signature **/s/ Montel La-Rue Winn**
Montel La-Rue Winn
Debtor

Date **March 2, 2015** Signature **/s/ Carol Renia Winn**
Carol Renia Winn
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to $500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

United States Bankruptcy Court
Western District of Missouri

In re **Montel La-Rue Winn**
Carol Renia Winn

Debtor(s)

Case No.
Chapter **7**

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

---

1. Income from employment or operation of business

None ☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
$0.00	**2015 YTD: Husband Income From Employment**
$37,051.00	**2014: Husband Income From Employment**
$16,074.00	**2013: Husband Income From Employment**
$5,800.00	**2015 YTD: Wife Income From Employment**
$28,448.00	**2014: Wife Income From Employment**
$26,051.00	**2013: Wife Income From Employment**

2. Income other than from employment or operation of business

None ☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
$2,251.00	**2014 Wife Short Term Disability**

3. Payments to creditors

None ☐

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than $600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Dealer Funding PO Box 888759 Atlanta, GA 30356	**01/2015-02/2015**	**$800.00**	**$11,567.00**

None ■

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than $6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING

None ■

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
JGP Properties LLC DBA Ridge Pointe Apartments; Case No. 1416-CV19540	**Rent and Possession**	**Circuit Court of Jackson County, MO**	**Judgment for Rent and Possession**

* *Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Division of Employment Security **421 E. Dunklin Street** **PO Box 3100** **Jefferson City, MO 65102-3100**	**02/2015**	**Wages Garnished Totaling $1,436.18**
Concord Finance Inc dba Speedy Cash **11221 E. 23rd Street** **Independence, MO 64052**	**10/2014-01/2015**	**Wages Garnished Totaling $2,183.81.**
Rainbow Loan Company **5501 Troost** **Kansas City, MO 64110**	**02/2015**	**Wages Garnished Totaling $150.00.**

5. Repossessions, foreclosures and returns

None ■ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None ■ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT

None ■ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None ■ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than $200 in value per individual family member and charitable contributions aggregating less than $100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT

8. Losses

None ■ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None ■ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

10. Other transfers

None ■ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None ■ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None ■ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None ■ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None ■ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF

14. Property held for another person

None ■ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY

15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
7220 E. 87th Terrace, Kansas CIty, MO	**Same**	**09/2010-09/2014**

16. Spouses and Former Spouses

None ■ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ■ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW

None ■ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW

None ■ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION

18 . Nature, location and name of business

None ■

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES

None ■

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement ***only*** *if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None ■

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED

None ■

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED

None ■

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS

None ■

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED

20. Inventories

None ■ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None ■ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21 . Current Partners, Officers, Directors and Shareholders

None ■ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST

None ■ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None ■ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL

None ■ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION

23 . Withdrawals from a partnership or distributions by a corporation

None ■ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None ■ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None ■ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **March 2, 2015** Signature **/s/ Montel La-Rue Winn**
Montel La-Rue Winn
Debtor

Date **March 2, 2015** Signature **/s/ Carol Renia Winn**
Carol Renia Winn
Joint Debtor

Penalty for making a false statement: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

United States Bankruptcy Court
Western District of Missouri

In re **Montel La-Rue Winn**
Carol Renia Winn

Debtor(s)

Case No. ______
Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: **Dealer Funding**	**Describe Property Securing Debt:** **2006 Chrysler 300 VIN#:2C3LK63H56H277263 Mileage: 130,000**

Property will be (check one):
☐ Surrendered ■ Retained

If retaining the property, I intend to (check at least one):
☐ Redeem the property
■ Reaffirm the debt
☐ Other. Explain ____________________ (for example, avoid lien using 11 U.S.C. § 522(f)).

Property is (check one):
■ Claimed as Exempt ☐ Not claimed as exempt

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: **-NONE-**	**Describe Leased Property:**	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ YES ☐ NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **March 2, 2015** Signature **/s/ Montel La-Rue Winn**
Montel La-Rue Winn
Debtor

Date **March 2, 2015** Signature **/s/ Carol Renia Winn**
Carol Renia Winn
Joint Debtor

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MISSOURI

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation ($245 filing fee, $75 administrative fee, $15 trustee surcharge: Total Fee $335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income ($235 filing fee, $75 administrative fee: Total Fee $310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization ($1,167 filing fee, $550 administrative fee: Total Fee $1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman ($200 filing fee, $75 administrative fee: Total Fee $275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Western District of Missouri

In re **Montel La-Rue Winn**
Carol Renia Winn
Debtor(s)

Case No. ______
Chapter **7**

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Montel La-Rue Winn
Carol Renia Winn
Printed Name(s) of Debtor(s)

Case No. (if known) ______

X **/s/ Montel La-Rue Winn** **March 2, 2015**
Signature of Debtor Date

X **/s/ Carol Renia Winn** **March 2, 2015**
Signature of Joint Debtor (if any) Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Fill in this information to identify your case:

Debtor 1 Montel La-Rue Winn

Debtor 2 Carol Renia Winn
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Missouri

Case number ____________
(if known)

Check one box only as directed in this form and in Form 22A-1Supp:

☐ 1. There is no presumption of abuse

■ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).

☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 22A - 1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. **What is your marital and filing status?** Check one only.

☐ **Not married**. Fill out Column A, lines 2-11.

■ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.

☐ **Married and your spouse is NOT filing with you. You and your spouse are:**

☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.

☐ **Living separately or are legally separated.** fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write $0 in the space.

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. **Your gross wages, salary, tips, bonuses, overtime, and commissions** (before all payroll deductions).		$ 2,039.59	$ 2,338.38
3. **Alimony and maintenance payments.** Do not include payments from a spouse if Column B is filled in.		$ 0.00	$ 0.00
4. **All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.** Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.		$ 0.00	$ 0.00
5. **Net income from operating a business, profession, or farm**			
Gross receipts (before all deductions)	$ 0.00		
Ordinary and necessary operating expenses	-$ 0.00		
Net monthly income from a business, profession, or farm	$ 0.00 Copy here ->	$ 0.00	$ 0.00
6. **Net income from rental and other real property**			
Gross receipts (before all deductions)	$ 0.00		
Ordinary and necessary operating expenses	-$ 0.00		
Net monthly income from rental or other real property	$ 0.00 Copy here ->	$ 0.00	$ 0.00
7. **Interest, dividends, and royalties**		$ 0.00	$ 0.00

Debtor 1 **Montel La-Rue Winn**
Debtor 2 **Carol Renia Winn**
Case number (*if known*)

	Column A **Debtor 1**	*Column B* **Debtor 2 or non-filing spouse**
8. **Unemployment compensation**	$ **0.00**	$ **0.00**
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you $ **0.00**		
For your spouse $ **0.00**		
9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.	$ **0.00**	$ **0.00**
10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.		
10a. **Retirement Cashout**	$ **633.33**	$ **0.00**
10b.	$ **0.00**	$ **0.00**
10c. Total amounts from separate pages, if any. +	$ **0.00**	$ **0.00**
11. **Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	$ **2,672.92** +	$ **2,338.38** = $ **5,011.30** Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. **Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>** 12a. $ **5,011.30**

Multiply by 12 (the number of months in a year) **x** 12

12b. The result is your annual income for this part of the form 12b. $ **60,135.60**

13. **Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. **MO**

Fill in the number of people in your household. **2**

Fill in the median family income for your state and size of household. 13. $ **51,940.00**

14. **How do the lines compare?**

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ■ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.* Go to Part 3 and fill out Form 22A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X **/s/ Montel La-Rue Winn**
Montel La-Rue Winn
Signature of Debtor 1

X **/s/ Carol Renia Winn**
Carol Renia Winn
Signature of Debtor 2

Date **March 2, 2015**
MM / DD / YYYY

Date **March 2, 2015**
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 **Montel La-Rue Winn**

Debtor 2 **Carol Renia Winn**
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Missouri

Case number
(if known)

Check one box only as directed in lines 40 or 42:

According to the calculations required by this Statement:

■ 1. There is no presumption of abuse.

☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

Official Form 22A - 2
Chapter 7 Means Test Calculation

12/14

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly income* (Official Form 22A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Adjusted Income

1. **Copy your total current monthly income.** **Copy line 11 from Official Form 22A-1 here=> 1.** $ **5,011.30**

2. **Did you fill out Column B in Part 1 of Form 22A-1?**
   - ☐ No. Fill in $0 on line 3d.
   - ■ Yes. Is your spouse Filing with you?
     - ☐ No. Go to line 3.
     - ■ Yes. Fill in $0 on line 3d.

3. **Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents.** Follow these steps:
   - ■ No. Fill in $0 on line 3d.
   - ☐ Yes. Fill in the information below:

State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.	**Fill in the amount you are subtracting from your spouse's income**
3a.	$
3b.	$
3c.	$
3d. **Total.** Add lines 3a, 3b, and 3c	$ **0.00**

Copy total here=>...3d. **-** $ **0.00**

4. **Adjust your current monthly income.** Subtract line 3d from line 1. $ **5,011.30**

Debtor 1 **Montel La-Rue Winn**
Debtor 2 **Carol Renia Winn**

Case number (*if known*)

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 22A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to *you,* it means both you and your spouse if Column B of Form 22A-1 is filled in.

5. **The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household. **2**

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. $ **1,092.00**

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person $ **60**

7b. Number of people who are under 65 X **2**

7c. **Subtotal.** Multiply line 7a by line 7b. $ **120.00** **Copy line 7c here=>** $ **120.00**

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person $ **144**

7e. Number of people who are 65 or older X **0**

7f. **Subtotal.** Multiply line 7d by line 7e. $ **0.00** **Copy line 7f here=>** $ **0.00**

7g. T**otal.** Add line 7c and line 7f $ **120.00** **Copy total here=>** 7g. $ **120.00**

Debtor 1 **Montel La-Rue Winn**
Debtor 2 **Carol Renia Winn**
Case number (*if known*)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

Housing and utilities - Insurance and operating expenses
Housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. $ **546.00**

9. **Housing and utilities - Mortgage or rent expenses:**

   9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. 9a. $ **1,300.00**

   9b. Total average monthly payment for all mortgages and other debts secured by your home.

   To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
-NONE-	$

   9b. Total average monthly payment $ **0.00** **Copy line 9b here=>** -$ **0.00**

   9c. Net mortgage or rent expense.

   Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than $0, enter $0. 9c. $ **1,300.00** **Copy line 9c here=>** $ **1,300.00**

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** $ **0.00**

    Explain why:

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

    ☐ 0. Go to line 14.
    ■ 1. Go to line 12.
    ☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. $ **212.00**

Debtor 1 **Montel La-Rue Winn**
Debtor 2 **Carol Renia Winn**

Case number (*if known*)

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments

Vehicle 1 **Describe Vehicle 1:** **2006 Chrysler 300 VIN#:2C3LK63H56H277263 Mileage: 130,000**

13a. Ownership or leasing costs using IRS Local Standard 13a. $ **517.00**

13b. Average monthly payment for all debts secured by Vehicle 1.
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then dived by 60.

Name of each creditor for Vehicle 1	Average monthly payment
Dealer Funding	$ **192.78**

Copy 13b here => -$ **192.78**

13c. Net Vehicle 1 ownership or lease expense
Subtract line 13b from line 13a. if this amount is less than $0, enter $0.
13c. $ **324.22** **Copy net Vehicle 1 expense here =>** $ **324.22**

Vehicle 2 **Describe Vehicle 2:**

13d. Ownership or leasing costs using IRS Local Standard 13d. $ **0.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
	$

Copy 13e here => -$ **0.00**

13f. Net Vehicle 2 ownership or lease expense
Subtract line 13b from line 13a. if this amount is less than $0, enter $0.
13f. $ **0.00** **Copy net Vehicle 2 expense here =>** $ **0.00**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. $ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. $ **0.00**

Debtor 1 **Montel La-Rue Winn**
Debtor 2 **Carol Renia Winn**
Case number (*if known*)

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. $ **1,416.00**

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. $ **0.00**

18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. $ **49.00**

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. $ **0.00**

20. **Education:** The total monthly amount that you pay for education that is either required:
as a condition for your job, or
for your physically or mentally challenged dependent child if no public education is available for similar services. $ **0.00**

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. $ **0.00**

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. $ **30.00**

23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted. **+**$ **100.00**

24. **Add all of the expenses allowed under the IRS expense allowances.**
Add lines 6 through 23. $ **5,189.22**

Debtor 1 **Montel La-Rue Winn**
Debtor 2 **Carol Renia Winn**

Case number (*if known*)

Additional Expense Deductions These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	$ **248.00**
Disability insurance	$ **0.00**
Health savings account	+ $ **0.00**
Total	$ **248.00**

Copy total here=> $ **248.00**

Do you actually spend this total amount?

☐ No. How much do you actually spend? $

■ Yes

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. $ **0.00**

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

    By law, the court must keep the nature of these expenses confidential. $ **0.00**

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

    If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

    You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. $ **0.00**

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than $156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

    You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

    * Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment. $ **0.00**

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

    To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

    You must show that the additional amount claimed is reasonable and necessary. $ **0.00**

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).. $ **0.00**

32. **Add all of the additional expense deductions**
    Add lines 25 through 31. $ **248.00**

Debtor 1 **Montel La-Rue Winn**
Debtor 2 **Carol Renia Winn**
Case number (*if known*)

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

		Average monthly payment
	Mortgages on your home:	
33a.	Copy line 9b here =>	$ **0.00**
	Loans on your first two vehicles	
33b.	Copy line 13b here =>	$ **192.78**
33c.	Copy line 13e here =>	$ **0.00**

	Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
33d.	**-NONE-**		☐ No ☐ Yes	$
33e.			☐ No ☐ Yes	$
33f.			☐ No ☐ Yes	+$

33g. Total average monthly payment. Add lines 33a through 33f $ **192.78** Copy total here=> $ **192.78**

34. **Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

■ No. Go to line 35.
☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount
-NONE-		$	÷ 60 =	$

Total $ **0.00** Copy total here=> $ **0.00**

35. **Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case?** 11 U.S.C. § 507.

■ No. Go to line 36.
☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims $ **0.00** ÷ 60 = $ **0.00**

Debtor 1 **Montel La-Rue Winn**
Debtor 2 **Carol Renia Winn**
Case number (*if known*)

36. **Are you eligible to file a case under Chapter 13?** 11 U.S.C. § 109(e).
For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

■ No. Go to line 37.
☐ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 $ ______

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). X ______

Average monthly administrative expense if you were filing under Chapter 13 $ ______ **Copy total here=>** $ ______

37. **Add all of the deductions for debt payment.** $ **192.78**
Add lines 33g through 36.

Total Deductions from Income

38. **Add all of the allowed deductions.**

Copy line 24, *All of the expenses allowed under IRS expense allowances*	$	**5,189.22**
Copy line 32, *All of the additional expense deductions*	$	**248.00**
Copy line 37, *All of the deductions for debt payment*	+$	**192.78**
Total deductions	$	**5,630.00**

Copy total here=> $ **5,630.00**

Part 3: Determine Whether There is a Presumption of Abuse

39. **Calculate monthly disposable income for 60 months**

39a. Copy line 4, *adjusted current monthly income*	$	**5,011.30**
39b. Copy line 38, *Total deductions*	- $	**5,630.00**
39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a	$	**-618.70**

Copy line 39c here=>$ **-618.70**

For the next 60 months (5 years) x 60

39d. **Total.** Multiply line 39c by 60 39d. $ **-37,122.00** **Copy line 39d here=>** $ **-37,122.00**

40. **Find out whether there is a presumption of abuse.** Check the box that applies:

■ **The line 39d is less than $7,475*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.

☐ **The line 39d is more than $12,475*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Go to Part 5.

☐ **The line 39d is at least $7,475*, but not more than $12,475*.** Go to line 41.

*Subject to adjustment on 4/01/16, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 **Montel La-Rue Winn**
Debtor 2 **Carol Renia Winn**

Case number (*if known*) ______________

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official form 6), you may refer to line 5 on that form. 41a. $ ______________

x .25

41b. **25% or your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(1) $ ______________ **Copy here=>** $ ______________

Multiply line 41a by 0.25.

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**
Check the box that applies:

☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.

☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

■ No. Go to Part 5.

☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment
	$
	$
	$
	$

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X **/s/ Montel La-Rue Winn**
Montel La-Rue Winn
Signature of Debtor 1

Date **March 2, 2015**
MM / DD / YYYY

X **/s/ Carol Renia Winn**
Carol Renia Winn
Signature of Debtor 2

Date **March 2, 2015**
MM / DD / YYYY